

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	3419-032151
	First Named Inventor	J. Michael Teets et al.
	Original Patent Number	6,314,717
	Original Patent Issue Date (Month/Day/Year)	November 13, 2001
	Express Mail Label No.	EL653129252IIS

APPLICATION FOR REISSUE OF: (Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)</p> <p>6. <input checked="" type="checkbox"/> Power of Attorney *</p> <p>7. <input type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)**</p> <p>11. <input type="checkbox"/> Original Patent Grant.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ribbioned Original Patent Grant</p> <p style="margin-left: 20px;"><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: _____</p>
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18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number: _____	OR <input checked="" type="checkbox"/> Correspondence address below
Name: Webb Ziesenheim Logsdon Orkin & Hanson, P.C.	
Address: 700 Koppers Building, 436 Seventh Avenue	
City: Pittsburgh	State: PA
Country: USA	Zip Code: 15219-1818
Telephone: 412-471-8815	Fax: _____

Name (Print/Type): James G. Porcelli	Registration No. (Attorney/Agent): 33,757
Signature: <i>James G. Porcelli</i>	Date: 11/13/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

3419-032151

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra.	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ _____ =		x \$18 =	0
(C)	Independent claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ _____ =		x \$86 =	172
				Basic Fee (37 CFR 1.16(h))		\$ _____	\$ 770
				Total Filing Fee		\$ _____	OR \$ 942

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 61	MINUS	** 20	* = 41	x \$ _____ =		x \$ 18 = 738	
Independent Claims (37 CFR 1.16(i))	*** 21	MINUS	***** 5	= 16	x \$ _____ =		x \$ 86 = 1,376	
					Total Additional Fee	\$ _____	OR \$ 3,056	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☐ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 3,056.00 _____ to cover the filing/additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 13, 2003

Date

33,757

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

James G. Porcelli

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

ATTORNEY'S DOCKET NUMBER

**J. Michael TEETS
Jon W. TEETS**

3419-032151

ENTITLED

"AN ELECTRICITY GENERATING SYSTEM HAVING AN ANNULAR COMBUSTOR"

MAIL STOP REISSUE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" Label Number **EL653129252US**

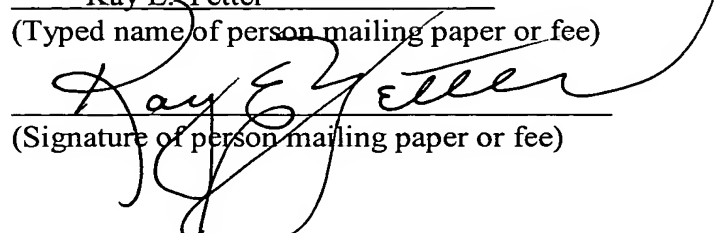
Date of Deposit November 13, 2003

I hereby certify that the following attached paper or fee

REISSUE PATENT APPLICATION TRANSMITTAL (1 p.); REISSUE APPLICATION FEE TRANSMITTAL FORM (1 p.); SPECIFICATION AND CLAIMS IN DOUBLE COLUMN COPY OF PATENT FORMAT (11 pp.); REISSUE OATH/DECLARATION WITH POWER OF ATTORNEY (2 pp.); REISSUE APPLICATION: CONSENT OF ASSIGNEE (1 p.); STATEMENT UNDER 37 CFR 3.73(b) WITH COPY OF RECORDED ASSIGNMENT ATTACHED (5 pp.); INFORMATION DISCLOSURE STATEMENT (2 pp.); FORM PTO/SB/08A (2 pp.); COPY EACH OF NON-U.S. PATENT REFERENCES CITED (3); PRELIMINARY AMENDMENT (23 pp.); CHECK IN THE AMOUNT OF \$3,056.00 TO COVER FILING FEE

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Kay E. Yetter
(Typed name of person mailing paper or fee)


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